

DEPARTMENT OF LABOR
JOB OPPORTUNITY
ADMINISTRATIVE ASSISTANT
PROJECT MANAGEMENT OFFICE

PLEASE FOLLOW THE SPECIFIC APPLICATION FILING INSTRUCTIONS AT THE BOTTOM OF THIS PAGE!

Open To: State Employees

Location: 200 Folly Brook Boulevard, Wethersfield

Job Posting No: 362

Hours: Full-time (40 hours per week)

Salary Range: \$49,357 - \$63,871 annually

Closing Date: December 15, 2011

Eligibility Requirement: Candidates must have applied for and passed the **Administrative Assistant** exam and be on the current certification list promulgated by the Department of Administrative Services for this classification. State employees currently holding the above title or those who have previously attained permanent status may apply for lateral transfer. **Applicants will not have the opportunity to take the exam prior to the above closing date to qualify for this particular vacancy.**

Knowledge, Skills and Abilities: Considerable knowledge of office administration and management; considerable knowledge of department and/or unit policies and procedures; considerable knowledge of proper grammar, punctuation and spelling; considerable knowledge of business communications; knowledge of business math; considerable interpersonal skills; ability to operate office equipment which includes personal computers and other electronic equipment; ability to operate office suite software; ability to take notes (shorthand, speedwriting or other method acceptable to manager).

General Experience: Four (4) years' experience above the routine clerk level in office support or secretarial work.

Special Experience: One (1) year of the General Experience must have been as a Secretary 2 or its equivalent.

Substitution Allowed: College training in the secretarial sciences may be substituted for the General Experience on the basis of 15 semester hours equaling one-half (1/2) year of experience to a maximum of two (2) years.

Note: The filling of this position will be in accordance with reemployment, SEBAC, transfer, promotion and merit employment rules, if applicable.

Application Instructions: Interested and qualified candidates who meet the above requirements should submit a cover letter, State of Connecticut Application for Examination or Employment (CT-HR-12), copies of their last two service ratings, and the Connecticut Department of Labor Pre-Authorization and Release form (immediately follows this job announcement) which includes a statement regarding the Guide to the Code of Ethics for Public Officials and State Employees. Current Department of Labor employees are not required to complete the Labor Pre-Authorization and Release form. The CT-HR-12 can be downloaded from the DAS website at <http://www.das.state.ct.us/cr1.aspx?page=13>. You must record the Job Posting Number in Section 2. Application materials will not be considered without all required documents. Submit via mail to:

**DEPARTMENT OF LABOR
200 Folly Brook Boulevard
Wethersfield, CT 06109
860-263-6699**

If you are choosing to fax your application, it is not necessary to also send an original copy. **Due to the large number of recruitments we cannot confirm receipt of application materials.** Not all individuals who apply will be granted an interview.

AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

The State of Connecticut is an equal opportunity/affirmative action employer and strongly encourages the applications of women, minorities, and persons with disabilities.

CONNECTICUT DEPARTMENT OF LABOR

Pre-Employment Screening --Authorization and Release

Completion of this form is voluntary; however, if consent to obtain this information is not given, it may have an adverse effect on your employment opportunities with the Connecticut State Department of Labor.

Applicant's Name (Last, First, Middle): _____

Mailing Address: _____

Home Phone Number : () _____

I, the undersigned, recognize and understand that this constitutes my consent and authorization to disclose or furnish any relevant and necessary information or records to the Department of Labor concerning my character, employment, or military service as may be necessary for a determination of my suitability for employment with the Connecticut State Department of Labor.

This authorization is executed with the full knowledge and understanding that the Labor Department will take measures to protect the aforementioned information against unauthorized disclosure to any parties not having a legitimate need for it in the discharge of the official business of the Department.

I hereby RELEASE any respondent from any and all liability for damages resulting from a decision by the Department not to employ me on account of compliance, or any attempts at compliance with this authorization, except for any damages resulting from knowingly providing false or misleading information or records about me.

A copy of this authorization shall be as effective and valid as the original. This authorization shall be valid for twelve (12) months from the date of my signature.

Date Signed	Signature of Applicant
_____	_____

As a candidate being considered for employment at the Department of Labor, I have received a copy of the Guide to the Code of Ethics for Public Officials and State Employees.

Date

Signature

A copy of the Guide to the Code of Ethics for Public Officials and State Employees may be obtained at the following link: http://www.ct.gov/ethics/lib/ethics/publications/public_officials_guide_11.pdf